



PPM SAUDI ARABIA
Eng.: AHMED IBRAHIM

100316 AL MAJAL AL ARABI FOR MAINT. MADINA

SA - 21485 MADINAH

P.O.BOX 92833

SAUDI ARABIA

PAYABLE IN 90 DAYS

شركة الأمين للتجهيزات الطبية والعلمية
Al Amin Medical Instruments Co. Ltd.

Invoice No : D-90222017

Invoice Date : 2/7/2017

INVOICE فاتورة

No.	Item Code	Description	Qty.	Unit Price SR.	Total Price SR.
10	8000000830	Frastema Simplex Silver	1	4,500.00	4,500.00
20	8000000980	Photomedex AL8000 Silver	1	11,000.00	11,000.00
30	8000000920	APOGEE/ELITE Silver	1	8,000.00	8,000.00

TOTAL	ONLY TWENTI THREE THOUSAND FIVE HUNDRED SAUDI RIYALS	Total : SR.	23,500.00
NET AMOUNT	ONLY TWENTI THREE THOUSAND FIVE HUNDRED SAUDI RIYALS	Net Amount : SR.	23,500.00

Time Stamp: 02 July, 2017



Head Off. Jeddah :
P.O. Box 3871, Jeddah 21481, KSA
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Tel : +966 (11) 480 0407
Fax : +966 (11) 480 3034

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Tel : +966 (13) 864 2911 / 864 3587
Fax : +966 (13) 899 4033

Al Madina Branch :
P.O. Box 2870, Madina, KSA
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Al Rajhi Center, Khaldiya, Abha, KSA
Tel : +966 (17) 228 8790
Fax : +966 (17) 228 8791

E-mail: ksa@amicogroup.com www.amicogroup.com

شركة ذات مسؤولية محدودة - س.م.ك ٢٧٨٧٧ رأس المال ٢٠٠ مليون ريال سعودي لغت ١٤٣٨

AMICO

MAINTENANCE

08102 / 16

Customer
SERVICE REPORTشركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : Abu Atram General Hospital	Telephone :	Date :	Invoice # :
Address : Abu Atram AL Jolfa	Fax :	<input checked="" type="checkbox"/> PPM	
	P.O. # :	<input type="checkbox"/> Installation	
	Received thru :	<input type="checkbox"/> Warranty	
Contact Person :	SAP Service Call # :	<input checked="" type="checkbox"/> Contract	
		<input type="checkbox"/> Paid Service	

Model : **New Simplex 65Pe** Serial # : **368** Description **Examination Unit**Problem / Error : **P.P.M**Work Report : **P.P.M Done Machine working good AS per attached check list**Optical ☐ Ophtha ☒ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

Qty.	Part Description	Part #	Price

Warranty Period :

	Acceptance Date	1st PM	2nd PM	3rd PM	4th PM
	/ / 20	/ / 20	/ / 20	/ / 20	/ / 20
Date	/ / 20	/ / 20	/ / 20	/ / 20	/ / 20

Travel Time						Working Time						Expenses		
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total	
Total Travel						Total Work						Total Expenses		

Work Complete	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Note : Customer Engineer	Date :
Need Follow-up	Yes <input type="checkbox"/> No <input type="checkbox"/>		Stamp :
Enclosed	Moussa		Signature :
Engineer			

(Hotline) 9200 - Amico / 9200-26426

Head Office Jeddah: P.O.Box 3871 Jeddah 21481, Tel. 966 (12) 660-1149 / 665-5768 Fax 966 (12) 660-1146 - Riyadh: P.O.Box 55177 Riyadh 11534, Tel. 966 (11) 490-0407
 Fax 966 (11) 480-3034 - Al-Khobar: P.O.Box 30047 Al Khobar 31952, Tel. 966 (13) 864-2911 / 864-3587 Fax 966 (13) 899-4033 - Al Madina: P.O.Box 2870, Tel. 966 (14) 815-4244 / 815-2529
 Fax 966 (14) 815-4742 - Abha: Tel. 966 (17) 228-8790 Fax 966 (17) 228-8791 - Hail: P.O.Box 2990 Hail 81461, Tel. 966 (16) 558-6266 Fax 966 (16) 558-5080

Email: kas@amicogroup.com www.amicogroup.com

Orig. : Master file, Blue : Customer, Yellow : Workshop, Pink : Engineer, Green : Accountant

AMICO

MAINTENANCE

08107 / 16

Customer
SERVICE REPORTشركة الأمين لصيانة الأجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic: Prince mitea	Telephone :	Date :	Invoice # :
Address : Sakaka	Fax :	<input checked="" type="checkbox"/> PPM	
	P.O. # :	<input type="checkbox"/> Installation	
	Received thru:	<input type="checkbox"/> Warranty	
	SAP Service Call #:	<input checked="" type="checkbox"/> Contract	
Contact Person :		<input type="checkbox"/> Paid Service	

Model : AL8000	Serial # : 80502	Description EXIMER laser
Problem / Error : P.P-M		

Work Report : **P.P-M Done machine working good**
AS per attached file check list

Optical <input type="checkbox"/>	Ophtha <input type="checkbox"/>	Derma <input checked="" type="checkbox"/>	ENT <input type="checkbox"/>	Ortho <input type="checkbox"/>	Neuro <input type="checkbox"/>	General <input type="checkbox"/>
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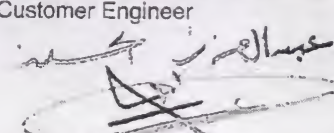
Qty.	Part Description	Part #	Price

Warranty Period :	Invoice #
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	Acceptance Date	1st PM	2nd PM	3rd PM	4th PM
	/ / 20	/ / 20	/ / 20	/ / 20	/ / 20
Date	/ / 20	/ / 20	/ / 20	/ / 20	/ / 20

Travel Time						Working Time						Expenses	
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total

Total Travel	Total Work	Total Expenses
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Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Note : Customer Engineer 	Date :
Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Stamp :
Enclosed Mohd Saad		Signature :
Engineer		

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Email: kas@amicogroup.com www.amicogroup.com

Orig. : Master file, Blue : Customer, Yellow : Workshop, Pink : Engineer, Green : Accountant

Hospital / Clinic : Damt Al Fahat	Telephone :	Date :	Invoice # :
General Hospital	Fax :	<input checked="" type="checkbox"/> PPM	
Address :	P.O. # :	<input type="checkbox"/> Installation	
	Received thru:	<input type="checkbox"/> Warranty	
	SAP Service Call #:	<input checked="" type="checkbox"/> Contract	
Contact Person :		<input type="checkbox"/> Paid Service	

Model : APoJee	Serial # : APMD2162	Description Hair Removal
Problem / Error : P.P.M		

Work Report : **P.P.M Done Machine working good as per attached check list**

Optical ☐ Ophtha ☐ Derma ☒ ENT ☐ Ortho ☐ Neuro ☐ General ☐

Qty.	Part Description	Part #	Price

Warranty Period :		Invoice #			
	Acceptance Date	1st PM	2nd PM	3rd PM	4th PM
	/ / 20	/ / 20	/ / 20	/ / 20	/ / 20
Date	/ / 20	/ / 20	/ / 20	/ / 20	/ / 20

Travel Time						Working Time						Expenses			
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date		Total	
Total Travel						Total Work						Total Expenses			

Work Complete	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Note : Customer Engineer	Date :
Need Follow-up	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Stamp :
Enclosed	Mohamed		Signature :
Engineer	Mohamed		

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AMICO

MAINTENANCE

08112 / 16

Customer
SERVICE REPORTشركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : Domt Al Fehdal	Telephone :	Date :	Invoice # :
General Hospital	Fax :	<input checked="" type="checkbox"/> PPM	
Address : Domt Al Fehdal	P.O. # :	<input type="checkbox"/> Installation	
	Received thru :	<input type="checkbox"/> Warranty	
	SAP Service Call # :	<input checked="" type="checkbox"/> Contract	
Contact Person :		<input type="checkbox"/> Paid Service	

Model : ARR-510A	Serial # : 332329	Description Auto Ref
Problem / Error : P-P-M		

Work Report : **P-P-M Done Machine working good as per attached check list**

Optical ☐ Ophtha ☒ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

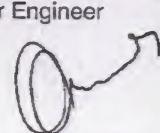
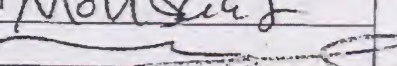
Qty.	Part Description	Part #	Price
	<i>Original Receipt</i>		

Warranty Period : Invoice #

	Acceptance Date	1st PM	2nd PM	3rd PM	4th PM
	/ / 20	/ / 20	/ / 20	/ / 20	/ / 20
Date	/ / 20	/ / 20	/ / 20	/ / 20	/ / 20

Travel Time						Working Time						Expenses	
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total

Total Travel : Total Work : Total Expenses :

Work Complete	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Note : Customer Engineer 	Date :
Need Follow-up	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Stamp :
Enclosed	Moussa		Signature :
Engineer			

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Orig. : Master file, Blue : Customer, Yellow : Workshop, Pink : Engineer, Green : Accountant

AMICO

MAINTENANCE

08113 / 16

Customer
SERVICE REPORTشركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic: Tabatal-G-H	Telephone :	Date :	Invoice # :
	Fax :	<input checked="" type="checkbox"/> PPM	
Address : Tabatal	P.O. # :	<input type="checkbox"/> Installation	
	Received thru:	<input type="checkbox"/> Warranty	
	SAP Service Call #:	<input checked="" type="checkbox"/> Contract	
Contact Person :		<input type="checkbox"/> Paid Service	

Model : New Omega	Serial # : 525	Description Examination Unit
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Problem / Error : P.P.M

Work Report : P.P.M Done Machine working good as per attached check list.
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Optical <input type="checkbox"/>	Ophtha <input checked="" type="checkbox"/>	Derma <input type="checkbox"/>	ENT <input type="checkbox"/>	Ortho <input type="checkbox"/>	Neuro <input type="checkbox"/>	General <input type="checkbox"/>
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Qty.	Part Description	Part #	Price

Warranty Period :	Invoice #
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	Acceptance Date	1st PM	2nd PM	3rd PM	4th PM
	/ / 20	/ / 20	/ / 20	/ / 20	/ / 20
Date	/ / 20	/ / 20	/ / 20	/ / 20	/ / 20

Travel Time						Working Time						Expenses	
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total

Total Travel	Total Work	Total Expenses
--------------	------------	----------------

Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Note : Customer Engineer Alhayer	Date : 2010-11-10
Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Stamp :
Enclosed Moussa		Signature
Engineer 		

(Hotline 9200 - Amico / 9200-26426)

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 Fax 966 (14) 815-4742 - Abha: Tel. 966 (17) 228-8790 Fax 966 (17) 228-8791 - Hail: P.O.Box 2990 Hail 81461, Tel. 966 (16) 558-6266 Fax 966 (16) 558-5080

Email: kas@amicogroup.com www.amicogroup.com

Orig. : Master file, Blue : Customer, Yellow : Workshop, Pink : Engineer, Green : Accountant

AMICO

MAINTENANCE

08114 / 16

Customer
SERVICE REPORTشركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic: Tabatal G.H	Telephone :	Date :	Invoice # :
Address : Tabatal	Fax :	<input checked="" type="checkbox"/> PPM	
	P.O. # :	<input type="checkbox"/> Installation	
	Received thru:	<input type="checkbox"/> Warranty	
	SAP Service Call #:	<input checked="" type="checkbox"/> Contract	
Contact Person :		<input type="checkbox"/> Paid Service	

Model : **AR-310A** Serial # : **133496** Description **A/lt Ref**
 Problem / Error : **P.P.M**

Work Report : **P.P.M Done Machine working good as per attached check list**

Optical ☐ Ophtha ☒ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

Qty.	Part Description	Part #	Price

Warranty Period : Invoice #

Acceptance Date	1st PM	2nd PM	3rd PM	4th PM
/ / 20	/ / 20	/ / 20	/ / 20	/ / 20
Date	/ / 20	/ / 20	/ / 20	/ / 20
Received the original report.				

Travel Time						Working Time						Expenses	
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total
Total Travel						Total Work						Total Expenses	

Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Note : Customer Engineer Alhays	Date :
Need Follow-up Yes <input type="checkbox"/> No <input type="checkbox"/>		Stamp : Al Amin Maintenance
Enclosed Moussad		Signature : [Signature]
Engineer [Signature]		

(Hotline 9200 - Amico / 9200-26426)

Head Office Jeddah: P.O.Box 3871 Jeddah 21481, Tel. 966 (12) 660-1149 / 665-5766 Fax 966 (12) 660-1146 - Riyadh: P.O.Box 55177 Riyadh 11534, Tel. 966 (11) 480-0407
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Orig. : Master file, Blue : Customer, Yellow : Workshop, Pink : Engineer, Green : Accountant

AMICO

100316

BILLED TO :

Page 1 of 2

AL MAJAL AL ARABI FOR MAINT. MADIN
MADINAH 21485

MAINT. SLS

شركة الأمين للتجهيزات الطبية والعلمية
Al Amin Medical Instruments Co. Ltd.

100316

SHIPPED TO :

AL MAJAL AL ARABI FOR MAINT. MADIN
MADINAH 21485

1021

SAUDI ARABIA
Customer SO No. : 25075791

Billing Acct. No :

Payment Terms : Payable within 90

PO NO :

JER-3-226

Invoice Date : 08.05.2017

Days C004

Invoice No : 90100589

Contact Person :

INVOICE

Reference رقم البتة	SKU ID رقم المنتج	Item Description وصف المنتج	Qty الكمية	UOM وحدة القياس	Unit Price السعر الفوري SAR	Total Price السعر الاجمالي SAR
	10000160 20	CYNO 100-1685-150 HANDPIECE 15MM	1	each	7,540.00	7,540.00
	10000211 03	CYNO 100-1672-120 HANDPIECE 12MM	1	each	11,100.00	11,100.00

EIGHTEEN THOUSAND SIX HUNDRED FORTY SAUDI Total quantity :
RIYAL ONLYTotal SAR 18,640.00
Net Amount SAR 18,640.00

استأذن لكم
مدير عام

Biomedical Sector
Eljout Project
Eng : Mahmoud Jamal

User : HAMANULLAH

Time Stamp : 08.05.2017 15:38

General Manager

Head Office: Jeddah :
Box 3871 Jeddah 21481 - KSA
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Hail Branch :
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Qassim - Buraidah - KSA
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Fax : +966-16-326-7115

SDOM WIDE 920023289

E-Mail : ksa@amicogroup.com www.amicogroup.com

Hospital / Clinic: Damt Aljahl	Telephone :	Date: 29/5/2017	Invoice #:
General Hospital	Fax :	<input type="checkbox"/> PPM	90100689
Address :	P.O. # :	<input checked="" type="checkbox"/> Installation	
Damt Aljahl	Received thru:	<input type="checkbox"/> Warranty	
	SAP Service Call #:	<input type="checkbox"/> Contract	
Contact Person :		<input type="checkbox"/> Paid Service	

Model : AP09ee	Serial # : ARMD2162	Description Hair Removal
Problem / Error : Hand Piece 12MM & 15MM Not Working		

Work Report : **Installed New 2 Hand Piece 12mm 15mm checked with the machine working good!**

Optical ☐ Ophtha ☐ Derma ☒ ENT ☐ Ortho ☐ Neuro ☐ General ☐

Qty.	Part Description	Part #	Price
01	Hand Piece 12 MM		
01	Hand Piece 15 MM		

Warranty Period : **Original** Invoice #

Acceptance Date	1st PM	2nd PM	3rd PM	4th PM
/ / 20	/ / 20	/ / 20	/ / 20	/ / 20
Date	/ / 20	/ / 20	/ / 20	/ / 20

Travel Time						Working Time						Expenses		
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total	
Total Travel						Total Work						Total Expenses		

Work Complete	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Note : Customer Engineer	Date :
Need Follow-up	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Stamp :
Enclosed	Mohammed		Signature :
Engineer	[Signature]		

(Hotline 9200 - Amico / 9200-26426)

Head Office Jeddah: P.O.Box 3871 Jeddah 21481, Tel. 966 (12) 660-1149 / 665-5766 Fax 966 (12) 660-1146 - Riyadh: P.O.Box 55177 Riyadh 11534, Tel. 966 (11) 480-0407
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